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**REQUEST FOR WITHDRAWAL
AS ATTORNEY OR AGENT
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CORRESPONDENCE ADDRESS**

Application Number	10/645,352
Filing Date	AUG. 21, 2003
First Named Inventor	ZENON RYPAN
Art Unit	
Examiner Name	
Attorney Docket Number	

To: Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Please withdraw me as attorney or agent for the above identified patent application, and

- ☐ all the attorneys/agents of record.
☐ the attorneys/agents (with registration numbers) listed on the attached paper(s), or
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The reasons for this request are: *APPLICANT WILL NOT FOLLOW MY LEGAL ADVICE.*

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1. ☐ The correspondence address is NOT affected by this withdrawal.
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CLIFFORD KRAFT

Clifford Kraft

APRIL 25, 2004

Registration No.

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35,229

708.528-9092

NOTE: Withdrawal is effective when approved rather than when received. Unless there are at least 30 days between approval of withdrawal and the expiration date of a time period for response or possible extension period, the request to withdraw is normally disapproved.

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